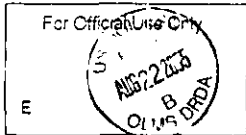


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



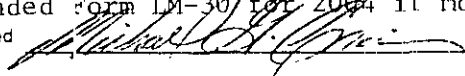
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10333	2. Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name MICHAEL G. GRAIN P.O. Box, Bldg., Room No., if any Street 2918 N. WEST AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93705-3999	4. Name, file number, and address of labor organization. Name UFCW LOCAL UNION 45D Labor Organization File Number 008-472 P.O. Box, Building and Room Number, if any Street 2918 N. WEST AVENUE City FRESNO State CALIFORNIA ZIP Code + 4 93705-3999
5. Position in labor organization. VICE PRESIDENT	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) In some cases, I have provided reasonable estimates in good faith. I will file an amended Form LM-30 for 2004 if more complete information becomes available.		
Signed 	On 8/13/05	559-226-5045
	Date	Telephone Number

Name of Person Filing MICHAEL G. CRAIN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BCX 9800</p> <p>Street 770 E. SHAW AVENUE, STE. 200</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93720-7708</p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>															
<p>10. If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 9800</p> <p>Street 770 E. SHAW AVENUE, STE. 200</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93720-7708</p>	<p>11.a. Nature of such dealing.</p> <p>PENSION CONTRIBUTION REQUIRED BY CBA.</p>															
	<p>11.b. Approximate dollar value of such dealing. \$1,095,598.00</p>															
	<p>12.a. Nature of interest held or income received.</p> <p>Reimb. Expenses for Travel & Lodging:</p> <table border="1"> <tr> <td>2/17/04 TRUSTEE MTG</td> <td>1/29&30/04</td> <td>\$122.38</td> </tr> <tr> <td>5/18/04 TRUSTEE MTG</td> <td>4/29&30/04</td> <td>\$159.48</td> </tr> <tr> <td>8/05/04 TRUSTEE MTG</td> <td>7/29&30/04</td> <td>\$228.37</td> </tr> <tr> <td>8/31/04 IFEB?</td> <td>1/1/2004</td> <td>\$1795.00</td> </tr> <tr> <td>12/07/04 TRUSTEE MTG</td> <td>11/18&19/04</td> <td>\$158.54</td> </tr> </table>	2/17/04 TRUSTEE MTG	1/29&30/04	\$122.38	5/18/04 TRUSTEE MTG	4/29&30/04	\$159.48	8/05/04 TRUSTEE MTG	7/29&30/04	\$228.37	8/31/04 IFEB?	1/1/2004	\$1795.00	12/07/04 TRUSTEE MTG	11/18&19/04	\$158.54
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8/31/04 IFEB?	1/1/2004	\$1795.00														
12/07/04 TRUSTEE MTG	11/18&19/04	\$158.54														
	<p>12.b. Amount. \$2,463.77</p>															

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13 b. Is the Business an Employer or Consultant ?</p>	<p>14 b. Amount of payment.</p>

Name of Person Filing MICHAEL G. CRAIN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name McMORGAN & COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street ONE BUSH STREET, STE. 800</p> <p>City SAN FRANCISCO</p> <p>State CALIFORNIA ZIP Code + 4 94104-4425</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CALIFORNIA WINERY WORKERS PENSION PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 9800</p> <p>Street 770 E. SHAW AVENUE</p> <p>City FRESNO</p> <p>State CALIFORNIA ZIP Code + 4 93710-7708</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">INVESTMENT SERVICES TO PENSION PLAN.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$788,617.00</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">1/29/04 HOSTED DINNER - VALUE OF SUCH DEALING IS UNKNOWN.</p> <p style="text-align: center;">11/18/04 HOSTED DINNER - VALUE OF SUCH DEALING IS UNKNOWN.</p> <hr/> <p>12.b. Amount. UNKNOWN</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>